

**Residential Assistance for Families in Transition (RAFT)
Application for Assistance**

A. Applicant (Head of Household)

Last Name _____ First Name _____ M.I. _____

Address _____ Apt. Number _____

City _____ Zip Code _____ Phone Number _____

Family Type ☐ Single Parent (with at least one child under the age of 21)
 ☐ Two Parent (with at least one child under the age of 21)
 ☐ Two Adults (with at least one disabled household member)
 ☐ Single Expectant Parent

Family Size (Provide the total number of persons living in the household including the Head of Household.)
 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more

B. Request For Assistance

1. Has your household received assistance under the RAFT program in the past? ☐ yes ☐ no

If yes, amount \$ _____

2. What type of support are you seeking with this application?

☐ Financial Assistance (check all that apply)

- ☐ Security deposit
- ☐ First and/or last months rent
- ☐ Utility arrearage
- ☐ Rent arrearage
- ☐ Mortgage arrearage
- ☐ Other: Describe _____

Total amount of funds needed: \$ _____

☐ Services: Our Agency may be able to assist you by referring you to other agencies in the community that provide services. Indicate any services you would like to obtain?

- | | |
|--|---|
| <input type="checkbox"/> Housing Advise (internal referral to Housing Consumer Education Center) | |
| <input type="checkbox"/> Case Management/Crisis Intervention | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Legal Counseling/Mediation |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Employment Search | <input type="checkbox"/> Household Budgeting |
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Child Care |

C. Household Information

Race of Head of Household:

- | | | | | |
|---|--------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Other | |

Education Level of Head of Household:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Grade school | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma/GED |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College degree | <input type="checkbox"/> Post-graduate |

Primary Medical Condition of Head of Household

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cognitive/Developmental/Learning |
| <input type="checkbox"/> Physical Disability/Disease | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Mental Health |

Please complete for each member of the Household, except for Social Security Number as noted below.

Name (last, first, middle initial)	Social Security Number *	Date of Birth (MM/DD/YY)	Age	Gender	Relationship to Head of Household
					Head of Household

***Please provide the Social Security Number for each Household Member who is at least 18 years of age, which will be used for the purpose of verifying income and asset information.**

D. Housing Assistance History

1. Has your household been homeless in the past? ☐ yes ☐ no

If yes, did you seek assistance from the Department of Transitional Assistance (DTA)? ☐ yes ☐ no

If yes, did you receive Emergency Assistance funds? ☐ yes ☐ no

Or a shelter placement? ☐ yes ☐ no

2. Has your household lived in public housing within the last 3 years? ☐ yes ☐ no

3. Has your household received a housing subsidy within the last 3 years? ☐ yes ☐ no

If yes, what kind of subsidy? ☐ Federal section 8 ☐ MRVP ☐ other: _____

4. If your household is not currently residing in public housing or receiving a housing subsidy, is the household on waiting lists for this housing assistance? ☐ yes ☐ no

If yes, for how long has the household been on these waiting lists?

☐ 0-6 months ☐ 7-12 months ☐ 1-2 years ☐ 3-4 years ☐ 5+ years

5. If your household received a housing subsidy or lived in public housing in the past, why are you not currently participating?

E. Current Housing Status

1. Current At Risk Circumstances (check as many as apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Currently homeless (residing in a shelter) | <input type="checkbox"/> Currently homeless (living on the street) | |
| <input type="checkbox"/> Overcrowding (including doubled up) | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Eviction notice |
| <input type="checkbox"/> Health/Safety violations | <input type="checkbox"/> Family conflict | <input type="checkbox"/> Divorce/breakup |
| <input type="checkbox"/> Domestic violence/child abuse | <input type="checkbox"/> Health or disability | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Utility shutoff | <input type="checkbox"/> Other |

How long has your household been experiencing this situation?

- ☐ Less than one month ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ 12 months+

How long can the current situation continue?

- ☐ Not at all ☐ 1 night ☐ Less than 1 week ☐ 1 week to 1 month ☐ more than one month

2. Rent and Apartment Size

What is the total monthly rent for your current apartment? \$_____

How many bedrooms are in your apartment?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Is your household currently live in public housing? ☐ yes ☐ no

Is your household currently receiving a housing subsidy? ☐ yes ☐ no

If yes, what kind of subsidy? ☐ Federal section 8 ☐ MRVP ☐ other: _____

If your household is currently residing in public housing or receiving a housing subsidy,
what is your monthly rent share? \$ _____

3. Fuel Assistance

Do you pay separately for any utilities (not included in rent payment)? ☐ yes ☐ no

If yes, do you receive fuel assistance during the heating season? ☐ yes ☐ no

Do you receive the low income discount rate from your utility companies? ☐ yes ☐ no

F. Barriers to Permanent Housing

Does your household face any of the following barriers to permanent housing?

- ☐ CORI ☐ Prior Eviction ☐ Credit Problems
☐ Other (explain) _____

G. Referral Source

How did you hear about this agency/program? (If possible, be specific and provide name of referral program/source.) _____

H. MONTHLY Income of All Household Members – Please complete for all household members who are currently receiving any source of income

	Household Member	Household Member	Household Member
Wages (gross income before deductions)			
TAFDC/EAEDC			
Child Support			
Unemployment			
Alimony			
Social Security, SSI, SSDI			
Other Income (specify source)			
Total Gross Income			
Total Household Income from all family members \$ _____			

Additional Monthly Public Assistance Benefits (NOT Counted as Income)

Does your household receive?

Food Stamps	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, amount \$ _____
WIC	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, amount \$ _____
Fuel Assistance	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, amount \$ _____
Medicaid/MassHealth	<input type="checkbox"/> yes	<input type="checkbox"/> no	

I. Expected Outcome

What do you expect will be the primary result from receipt of RAFT funds?

(Check all that apply.)

- ☐ Household will be able to pay rent on time and will not become homeless.
- ☐ Household will be able to avoid a utility shut off and will not become homeless.
- ☐ Household will not have to split up to remain housed.
- ☐ Household will be able to move into new home.
- ☐ Other: _____

J. Emergency Contact Information (other than someone living in your household):

Name _____ Relationship to Head of Household _____

Address _____ City _____ Zip Code _____

Phone Number _____

I understand that this application is not a commitment of monetary assistance. I authorize the regional housing agency to make inquiries to verify the information I have provided in this application and to discuss this application with other agencies, my landlord, and utility companies as needed pursuant to the following Fair Information Practices Act Statement of Rights. I understand that any false statement or misrepresentation may result in the withdrawal or denial of my application. I certify that the information I have given in this application is true, complete and correct.

Applicant Signature: _____ Date: _____

**FAIR INFORMATION PRACTICES ACT
STATEMENT OF RIGHTS**

The _____ (Housing Agency) collects information about applicants and participants of the Residential Assistance for Families in Transition Program (RAFT) to determine eligibility and the need for financial assistance. The information collected is used to manage the housing program, to protect the public financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, local public housing authorities, regional non-profit housing agencies, service providers and civil or criminal investigators and prosecutors. Otherwise the information will be kept confidential and only used by the Housing Agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing Housing Agency's use and disclosure of the information it collects. Applicants and program participants may give or withhold their permission when requested by the Housing Agency to provide information; however, failure to permit the Housing Agency to obtain the required information may result in delay, ineligibility for programs, or termination.

As an applicant or program participant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the Housing Agency about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Housing Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

I understand that I am authorizing the Housing Agency to obtain and release necessary information as discussed above. This authorization is valid for a period of one year. I further understand that a photocopy of this authorization is as valid as the original

Signed by each household member who is at least 18 years of age

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

FOR STAFF USE ONLY:

Total Family Income: _____
Within 50% of area median income? ☐ yes ☐ no

Current Housing Situation: _____
Will assistance improve current housing situation? ☐ yes ☐ no

Percentage of Income towards Rent: _____
Is this greater than 50%? ☐ yes ☐ no

Name of staff person completing interview: _____

Staff Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

Date of Approval: _____

AMOUNT APPROVED:

Monthly stipend: (monthly \$_____ x ____ # months)	Total =	
Security deposit		
First/last month's rent		
Utility payments		
Rent arrearage		
Mortgage arrearage		
Transportation (employment related)		
Furnishings		
Other (explain)		
TOTAL		

Check(s) Payable to:

Business/Individual:

Address:

Amount:

Business/Individual:

Address:

Amount:
